Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9-5-08	Address:	CR 50 S	
Case #:	35F28161		Otwell IN	
County:	Pike			
Type of La	aboratory Seizure (check one)	Seizure Location (e	heck all that apply)	
	ntional Lab cal/Glassware/Equipment (only) site (only)	☐ Residence☐ Outbuildi☐ Vehicle		
(check all ti	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s): <u>OA</u>	<u>ir. etc)</u>		
Red Ph	osphorous/lodine Reaction(s):			
X Flamma	able Solvents: OA			
X Water R	teactive Metal (Lithium): OA			
X Anhydrous Ammonia: OA				
X Hydrocl	nlorie Acid Gas Generator(s): <u>OA</u>			
X Corrosiv	ve Acid: OA			
X Corrosiv	ve Base: OA			
X Other (it	em and location): One Pot reaction O.	<u>A</u>		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Mc	Investigative Information Dephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Hunter	
This repor	t is to be faxed to the following age	ncies that serve the lo	ocation:	
Fire Depart	tment: Otwell VFD	Fax: Open	air wooded area No structure	
Health Dep	partment: NA	Fax: NA		
Child Proto	ection Service: <u>NA</u>	Fax: NA		
Investigatin ** This for listed w	information regarding this methample Officer: Andry rm is to be faxed to the Fire Department, Heavithin 24 hours of scene processing.	Phone 812 631 1485 alth Department and/or Chi	ld Protective Services Department	